

BAR CODE LABEL



## U.S. PATENT APPLICATION

SERIAL NUMBER

08/690,775

FILING DATE

08/01/96

CLASS

514

GROUP ART UNIT

1208

APPLICANT

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## \*\*CONTINUING DATA\*\*\*\*\*

VERIFIED

THIS APPLN IS A CIP OF 08/607,419 02/28/96  
WHICH IS A CIP OF PCT/GB94/00462 03/10/94  
WHICH IS A CIP OF 08/403,785 05/03/95

\*\*FOREIGN/PCT APPLICATIONS\*\*\*\*\*  
VERIFIEDSTATE OR  
COUNTRY

GB2

SHEETS  
DRAWING

8

TOTAL  
CLAIMS

31

INDEPENDENT  
CLAIMS

5

FILING FEE  
RECEIVED

\$1,278.00

ATTORNEY DOCKET NO.

KIR92-01A4

ADDRESS

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TITLE

ANTI-TNF ANTIBODIES AND METHOTREXATE IN THE TREATMENT OF AUTOIMMUNE DISEASE

This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above.

By authority of the  
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

<b>SERIAL NUMBER</b> 08/690,775	<b>FILING DATE</b> 08/01/1996 <b>RULE</b> -	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> KIR92-01A4
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 08/607,419 02/28/1996 ABN  
WHICH IS A CIP OF PCT/GB94/00462 03/10/1994  
THIS APPLICATION 08/690,775 08/01/1996  
IS A CIP OF 08/403,785 05/03/1995 PAT 5,741,488  
WHICH IS A 371 OF PCT/GB93/02070 10/06/1993  
WHICH IS A CIP OF 07/958,248 10/08/1992 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY EN	SHEETS DRAWING 8	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>PT</i> Initials <i>10/25/96</i>				

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TITLE *See Amend. D, paper # 24*

ANTI-TNF ANTIBODIES AND METHOTREXATE IN THE TREATMENT OF AUTOIMMUNE DISEASE *ARTHRITIS AND CROHN'S DISEASE*

<b>FILING FEE RECEIVED</b> 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing E time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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